

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Section 4: CHILD'S PRESENT ABILITIES AND STRENGTHS: TEAM SUMMARY.**

WHAT MY CHILD CAN DO NOW - INTERESTS, MOTIVATORS, NEW SKILLS, THINGS TO CELEBRATE, WHAT MY CHILD IS READY TO DO, WHAT'S WORKING WELL. Make sure that all developmental domains are included. Describe in an integrated, functional manner how this child: does things for him/herself (Adaptive/Self Help Skills); how s/he problem solves and plays (Cognition); how s/he uses hands, oral motor skills, how s/he moves around (Physical Skills); how s/he indicates understanding, wants, and needs (Communication Skills); and how s/he shows feelings, copes with frustration or stimulation, and gets along with others (Social/Emotional Skills).

Adaptive Self Help:

Cognition:

Physical:

Communication:

Social/Emotional:

Vision / Hearing:

Health/Physical/Nutrition Status:

Other Strengths/Concerns including relevant information (medical diagnosis, birth history, health status, sensory issues, etc.) or other concerns, which might affect service delivery.